

Name
in
Full

Morns H. Adkins

CERTIFICATE OF DEATH

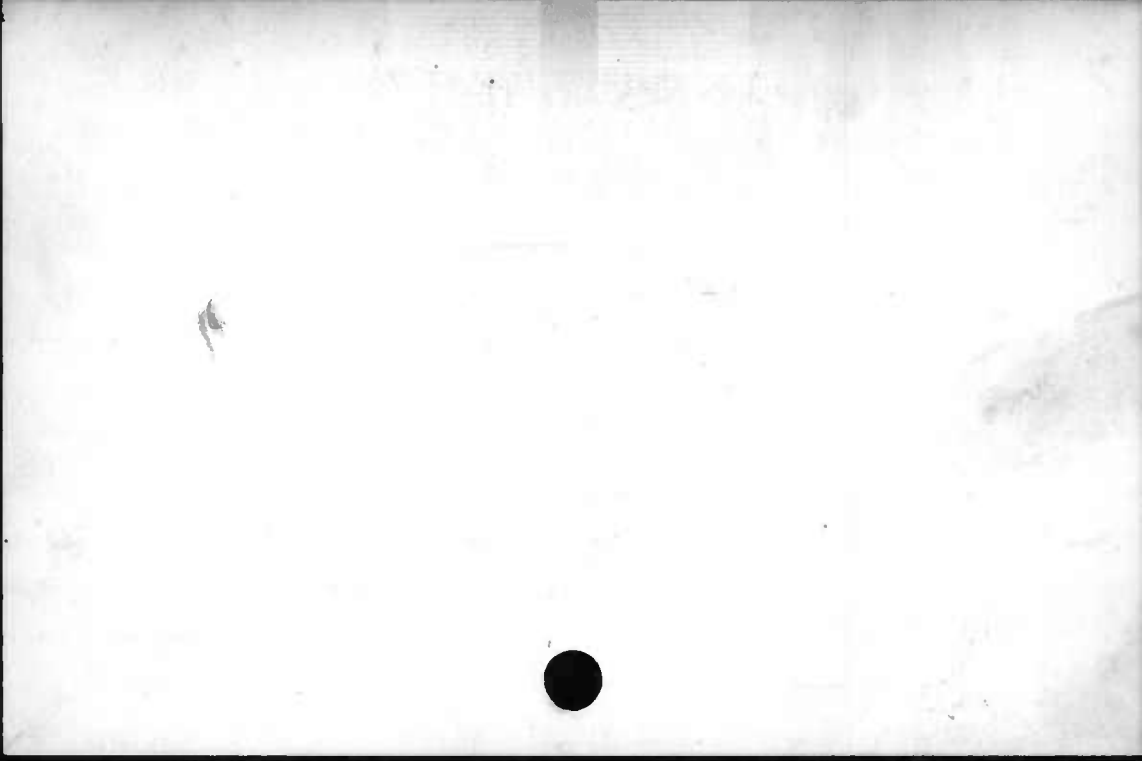
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Pocomoke City</i>		Town <i>Pocomoke City</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>July</i>	Day <i>6</i>	Age <i>3</i>	Years <i>3</i>	Months <i>5</i>	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>near Pocomoke</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Gordon F. Adkins</i>			Father's Birthplace <i>Dorchester Co</i>				
Mother's Maiden Name <i>Laura G. Martin</i>			Mother's Birthplace <i>Dorchester Co</i>				
Name of person giving Information <i>Gordon F. Adkins</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Congestive Pneumonia</i>	How long <i>24 hours</i>
Immediate <i>"</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. Lee Hall</i>
	Address <i>Pocomoke City Md</i>
Accident or Suicide?	



Name
in
Full

no name

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Pocomoke</i>		Town <i>Pocomoke</i>		County <i>Somerset Co</i>		MARYLAND	
Date of death	<i>1905</i>	Month <i>Jan.</i>	Day <i>27</i>	Age <i>dead born</i>	Years	Months	Days
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>on farm in Somerset Co</i>
Occupation	<i>Premature birth</i>			Where Residing If not at place of death			
Married, Single or Widowed	<i>—</i>		Name of Wife or Husband <i>—</i>				
Father's Name	<i>Burton I Brittingham</i>				Father's Birthplace	<i>Dublin Co Somerset Md</i>	
Mother's Maiden Name	<i>Lallie Beauchamp</i>				Mother's Birthplace	<i>Somerset Co Md</i>	
Name of person giving Information	<i>Mrs. Beauchamp</i>				How related to deceased	<i>Grandfather</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Unknown</i>	How long	<i>3.</i>
Immediate	<i>Premature birth</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Isaac J. Custer</i>
		Address	<i>Pocomoke City Md</i>
Accident or Suicide?			



Name
in
Full

Wilbur A Brown

CERTIFICATE OF DEATH

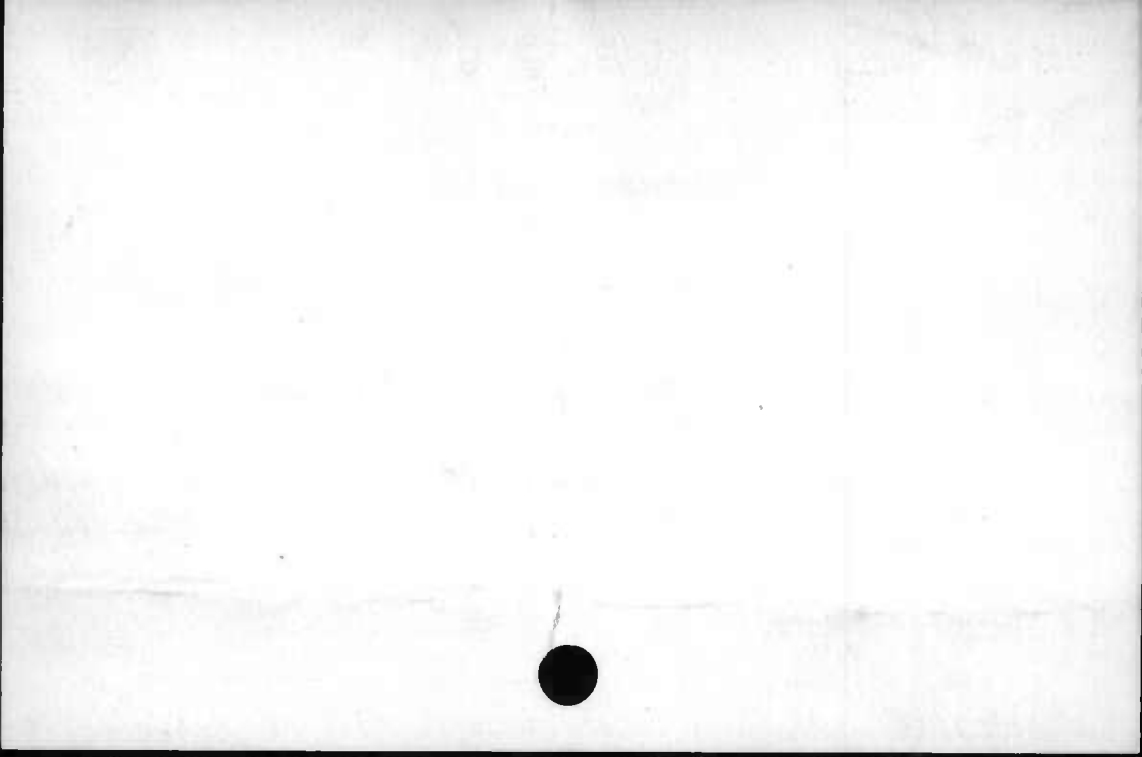
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Upper Fairmount</i>		Town <i>Lomerset</i>		County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Jan</i>	Day <i>18th</i>	Age <i>—</i>	Years	Months <i>3</i>	Days <i>21</i>	
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>Lomerset Co</i>			
Married, Single or Widowed				Occupation <i>None</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>John R. Brown</i>				Father's Birthplace <i>Kent. Co</i>			
Mother's Maiden Name <i>Sophie Caldwell</i>				Mother's Birthplace <i>Falbot Co</i>			
Name of person giving information <i>J. R. Brown</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastritis</i>	How long <i>5 Days</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. E. Dickinson</i>
	Address <i>Upper Fairmount, Md</i>
Accident or Suicide? <i>—</i>	



Name		In Full		None		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at		Leanipulva		Town		Leanipulva		County	
	Date of death		1905		Month		January		Day	
			25				Age		Years	
									Months	
									Days	
	Sex				Color or Race		Caucasian		Birth-place	
	Occupation		System		Where Residing If not at place of death		Leanipulva Md			
	Married, Single or Widowed				Name of Wife or Husband					
PHYSICIAN OR CORONER	Father's Name		George Ballin		Father's Birthplace					
	Mother's Maiden Name		Sally Jones		Mother's Birthplace		Leanipulva			
	Name of person giving information		George H Jones		How related to deceased		None			
	CAUSES OF DEATH									
	Primary		at Birth		How long		151		one day	
Immediate				How long						
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		George H Jones		Address		
						John				
Accident or Suicide?		Accident				Leanipulva Md				



Name
in
Full

CERTIFICATE OF DEATH

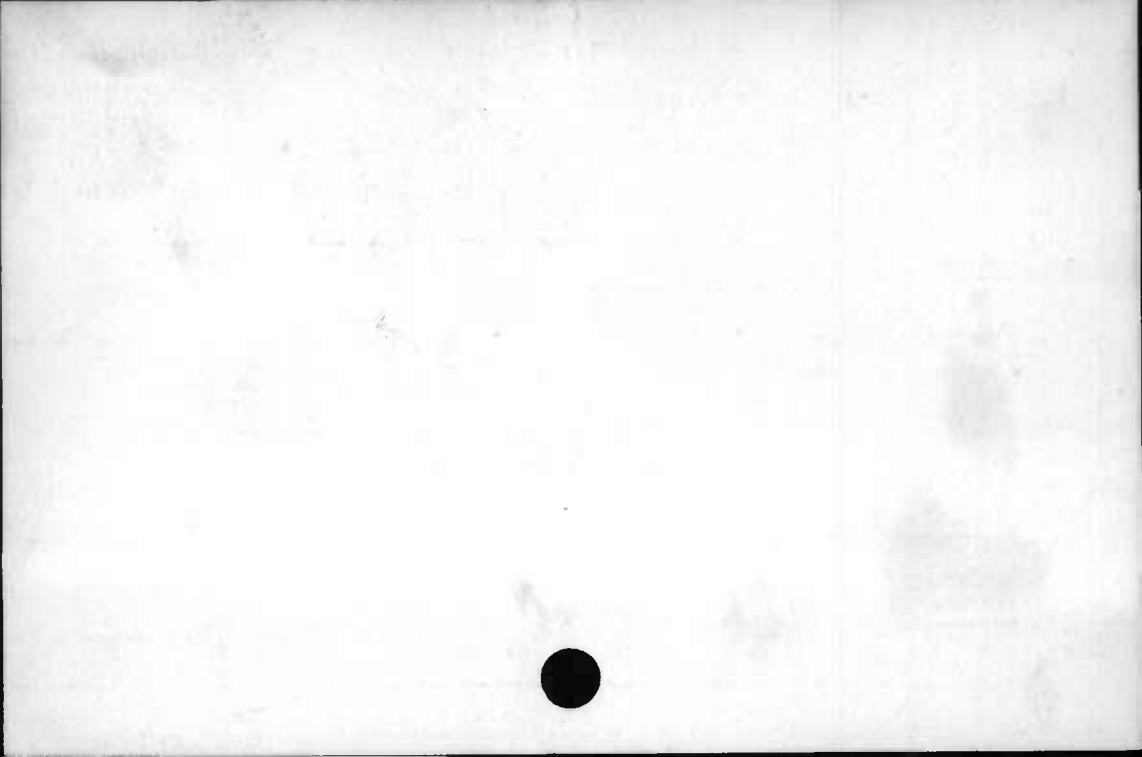
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND					
Date of death 190		5	Month	Jan	Day	16	Age	69	Years	Months	Days
Sex		Female		Color or Race		White		Birth place		Somerset Co	
Married, Single or Widowed		Married		Occupation		Housewife					
Name of Wife Husband		Luther Dougherty									
Father's Name		—									
Mother's Maiden Name		—									
Name of person giving information		Neville Dougherty									
		Father's Birthplace —									
		Mother's Birthplace —									
		How related to deceased Son									

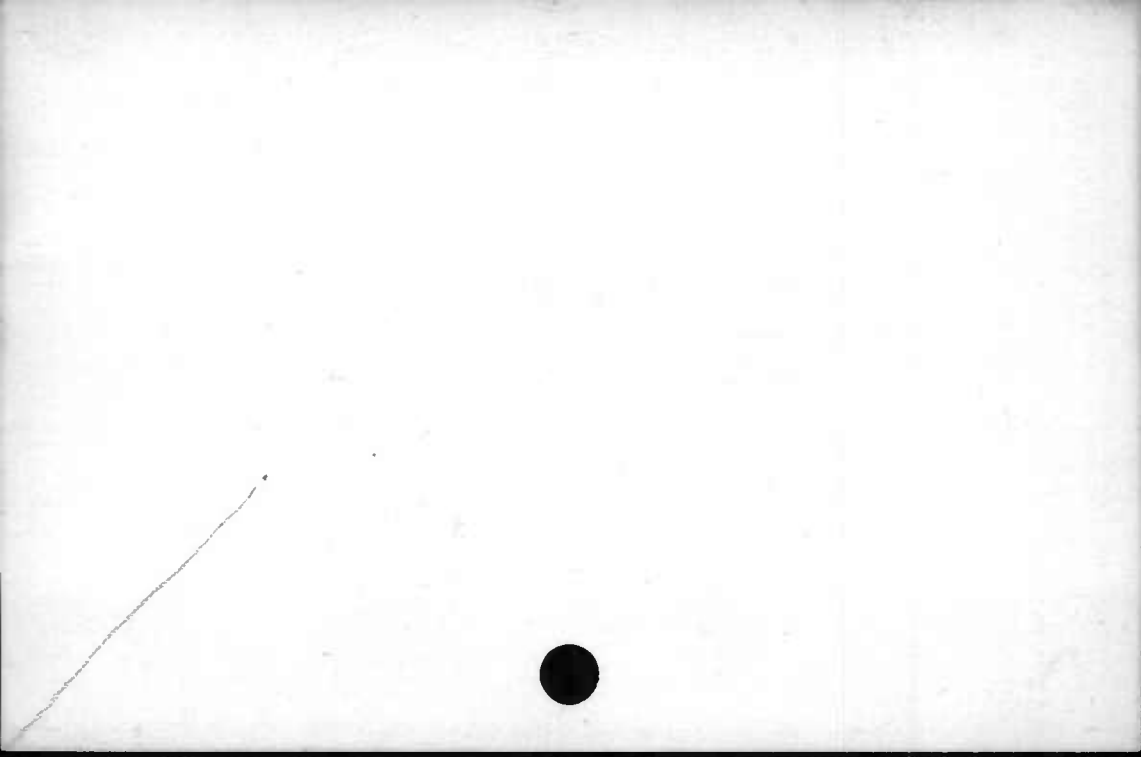
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Hemiplegia	How long	1 1/2 Days
Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		G. E. Dickinson	
Address		Upper Fairmount Md	
Accident or Suicide?		—	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Marion Station</i>		Town <i>Somerset</i>		MARYLAND
	Date of death <i>1904-</i>	Month <i>Jan</i>	Day <i>14</i>	Age <i>53</i>	
	Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Somerset, Co., Ind.</i>	
	Occupation <i>House-work</i>		Where Residing if not at place of death		
	Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>John Downing</i>			
	Father's Name <i>Jacob Heorsey</i>	Father's Birthplace <i>Don't know</i>			
	Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace <i>Don't know</i>			
Name of person giving information <i>Upshur Sterling</i>			How related to deceased <i>Son, by first husband</i>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>Organic Disease of The Heart</i>		How long	<i>one & a half to two years</i>
	Immediate	<i>Exhaustion</i>		How long	<i>Two days</i>
	Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>J B B Evers M.D.</i>	
				Address <i>Marion Station</i>	
				<i>Somerset County</i>	
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

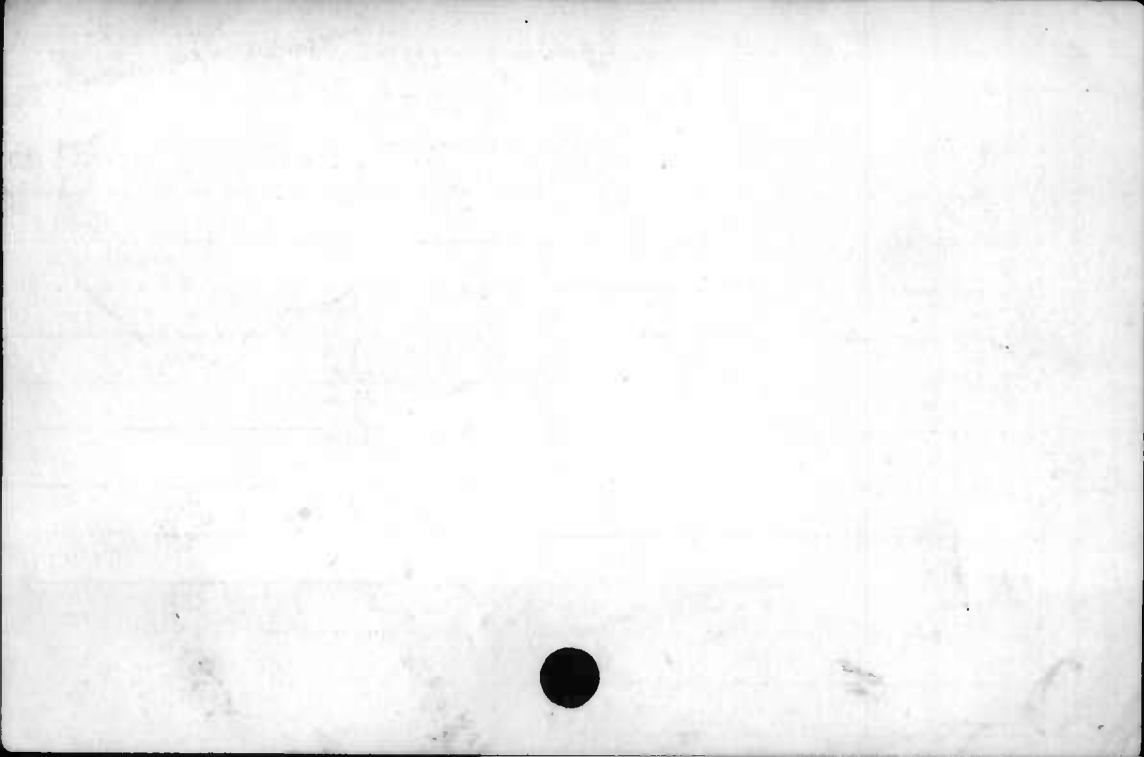
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Crisfield</i>		County <i>Somerset</i>		MARYLAND	
Date of death		1905	Month <i>Jan</i>	Day <i>11</i>	Age <i>1</i>	Years <i>2</i>	Months <i>13</i>
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Crisfield</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Jeremiah Earley.</i>				Father's Birthplace <i>Baltimore</i>			
Mother's Maiden Name <i>Emma S. B. Webb.</i>				Mother's Birthplace <i>Baltimore</i>			
Name of person giving information <i>Father</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Myocardium</i>		How long <i>5 1/2 months</i>	
Immediate <i>—</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. F. Hall</i>	
		Address <i>Crisfield Md</i>	
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Crisfield</i>		County		MARYLAND
	Date of death 1905	Month <i>Jan</i>	Day <i>5</i>	Age <i>60</i>	Months <i>—</i> Days <i>—</i>
	Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Crisfield, Md.</i>	
	Occupation <i>Oysterman</i>		Where Residing if not at place of death <i>A Crisfield, Md.</i>		
	Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>Daniel Homan</i>			
	Father's Name <i>deat no</i>	Father's Birthplace <i>deat no</i>			
	Mother's Maiden Name <i>deat no</i>	Mother's Birthplace <i>deat no</i>			
	Name of person giving information <i>Dr. W. J. Hall</i>		How related to deceased <i>none</i>		
PHYSICIAN OR CORONER	CAUSES OF DEATH				
	Primary	<i>Sarcoma of arm</i>			How long <i>one year</i>
	Immediate				
	Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>		Signature of Physician <i>W. J. Hall</i>	Address <i>Crisfield Md.</i>
	Accident or Suicide?				



Name
in
Full

Robert Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>mt Vernon</i> Town		County <i>Somerset county</i>		MARYLAND	
Date of death	<i>1905 Jan 25</i>	Month	Day	Age	Years
Sex		Color or Race		Birth-place	
Occupation		Where Residing if not at place of death		Months	
Married, Single or Widowed		Name of Wife or Husband		Days	
Father's Name		Father's Birthplace		Mother's Birthplace	
Mother's Maiden Name		How related to deceased			
Name of person giving Information					

CAUSES OF DEATH

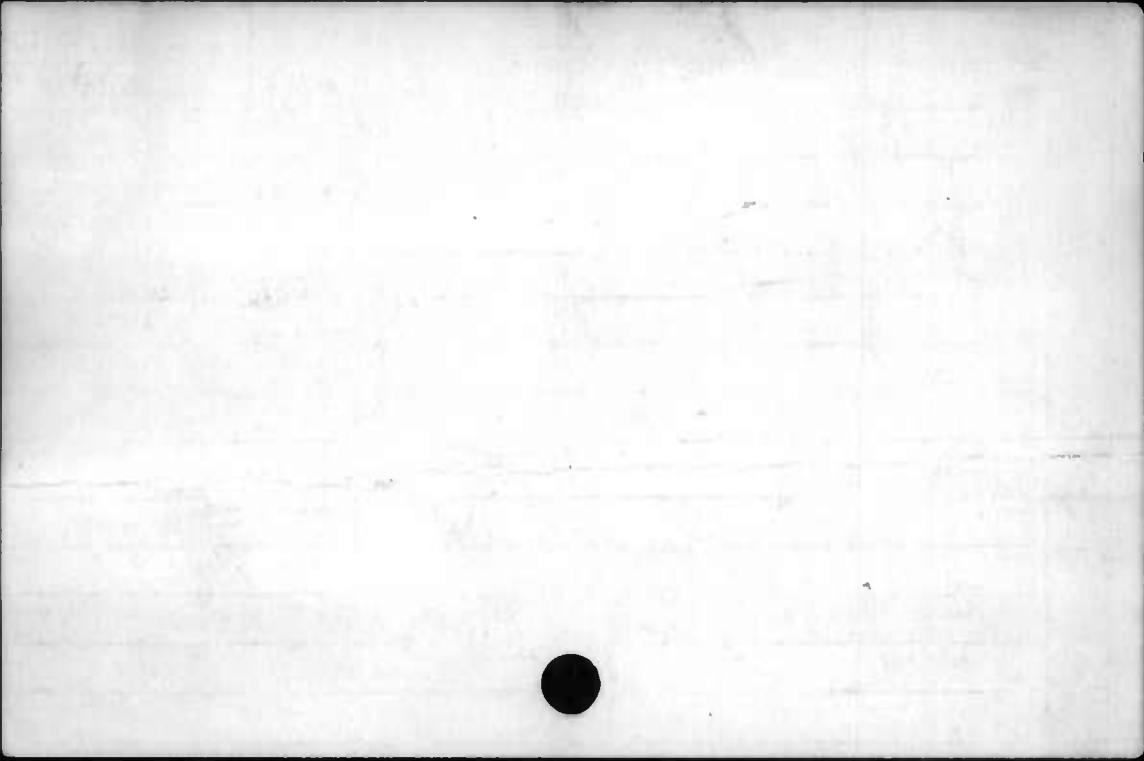
PHYSICIAN
OR CORONER

Primary	<i>Heart trouble</i>	How long	<i>10 months</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			

19 ✓



Do Shill & Co undertaker



Name
in
Full

Clementine Hickman

CERTIFICATE OF DEATH

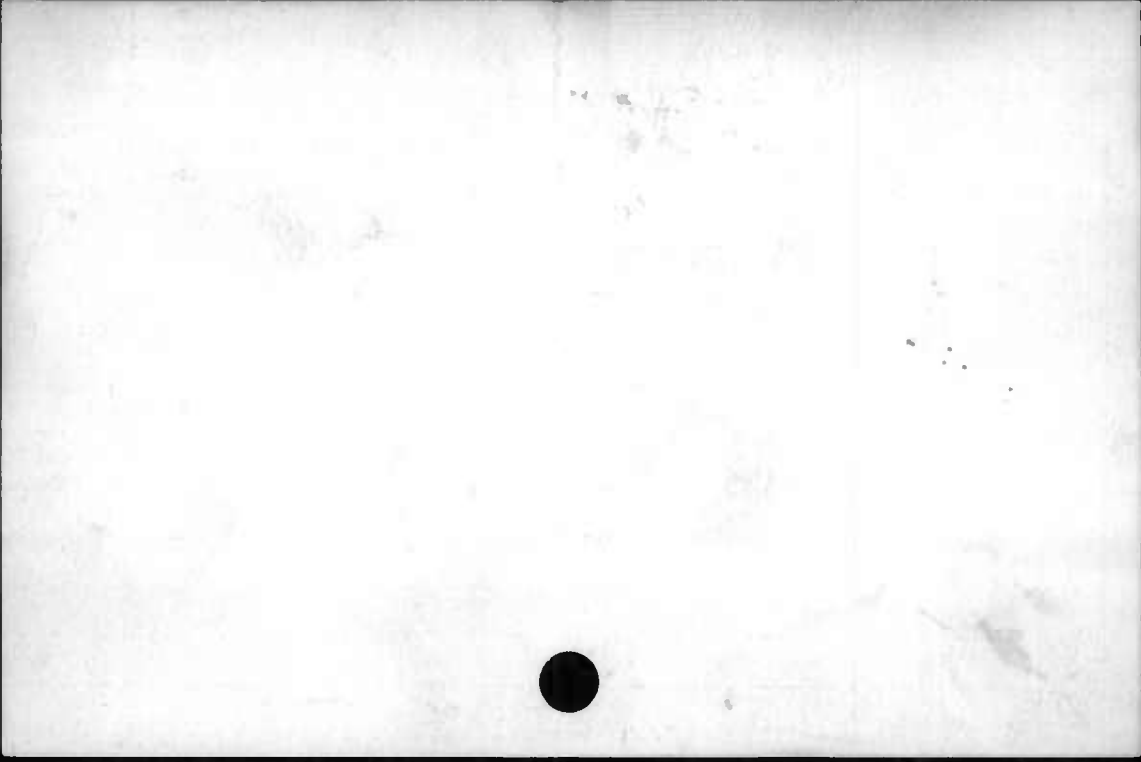
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1905		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name		Mother's Maiden Name		Father's Birthplace		Mother's Birthplace	
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	5 days
Immediate	Asthma	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Address	
Accident or Suicide?			



CERTIFICATE OF DEATH

Father

CAUSES OF DEATH



Name
in
Full

Mary E Horsey

CERTIFICATE OF DEATH

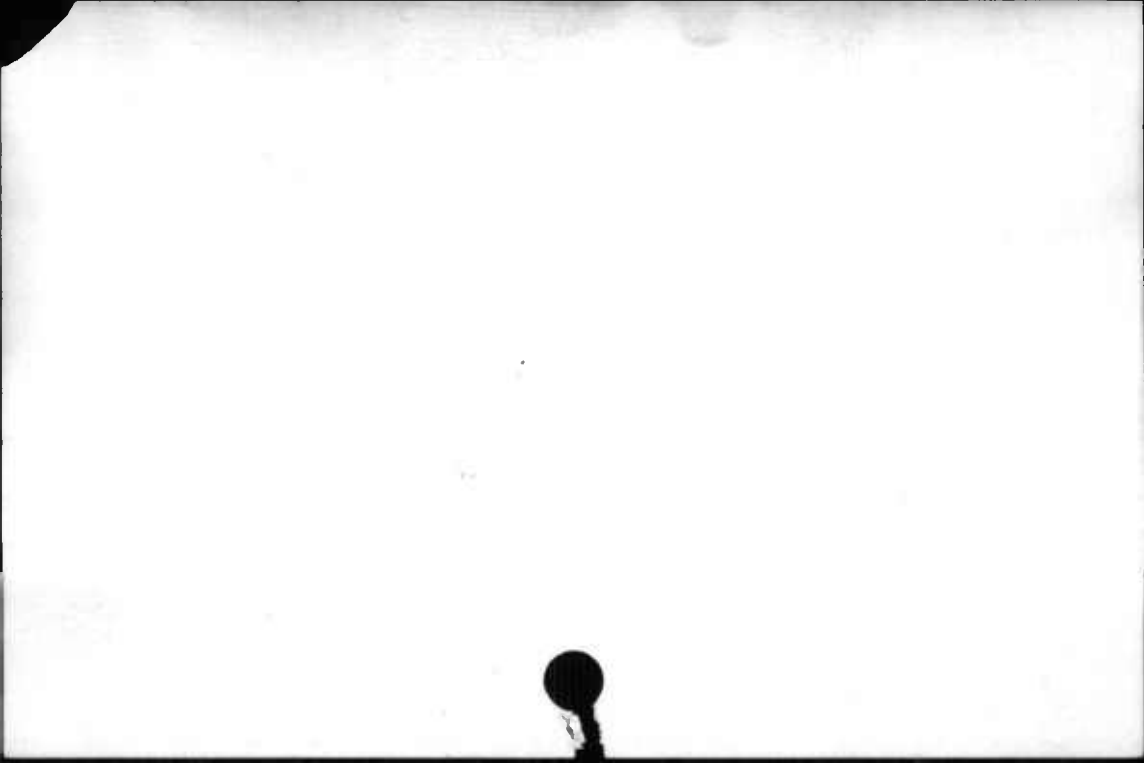
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Marion		County Somerset		MARYLAND	
Date of death 190		5	Month 1	Day 15	Age 5-3	Years 5-3	Months —
Sex Female		Color or Race Colored		Birth- place Somerset Co			
Married, Single or Widowed		Single		Occupation Service			
Name of Wife or Husband —							
Father's Name Joshua Horsey				Father's Birthplace Somerset Co			
Mother's Maiden Name Millie				Mother's Birthplace " "			
Name of person giving information A W Dixon				How related to deceased none			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dropsey	How long	2 years
Immediate	Exhaustion	How long	1 Day
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		A W Dixon	
Address		Marion	
Accident or Suicide? No Physician in attendance			



Name
in
Full

Arnald Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Seals Island		County Somerset		MARYLAND	
Date of death		1905	Month Jan	Day 26	Age 71	Years	Months —
Sex male		Color or Race Black		Birth-place Seals Island			
Occupation wood Sawyer		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband Harriet Jones					
Father's Name Arnald Jones		Father's Birthplace					
Mother's Maiden Name Betsey Jones		Mother's Birthplace					
Name of person giving information George Sealand		How related to deceased				Stepson	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Rheumatism Old age	How long	
Immediate		How long	3 or 4 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Underlak Wm W Evans	
as far as I know		Address	
		Seals Island P.O. Ind.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

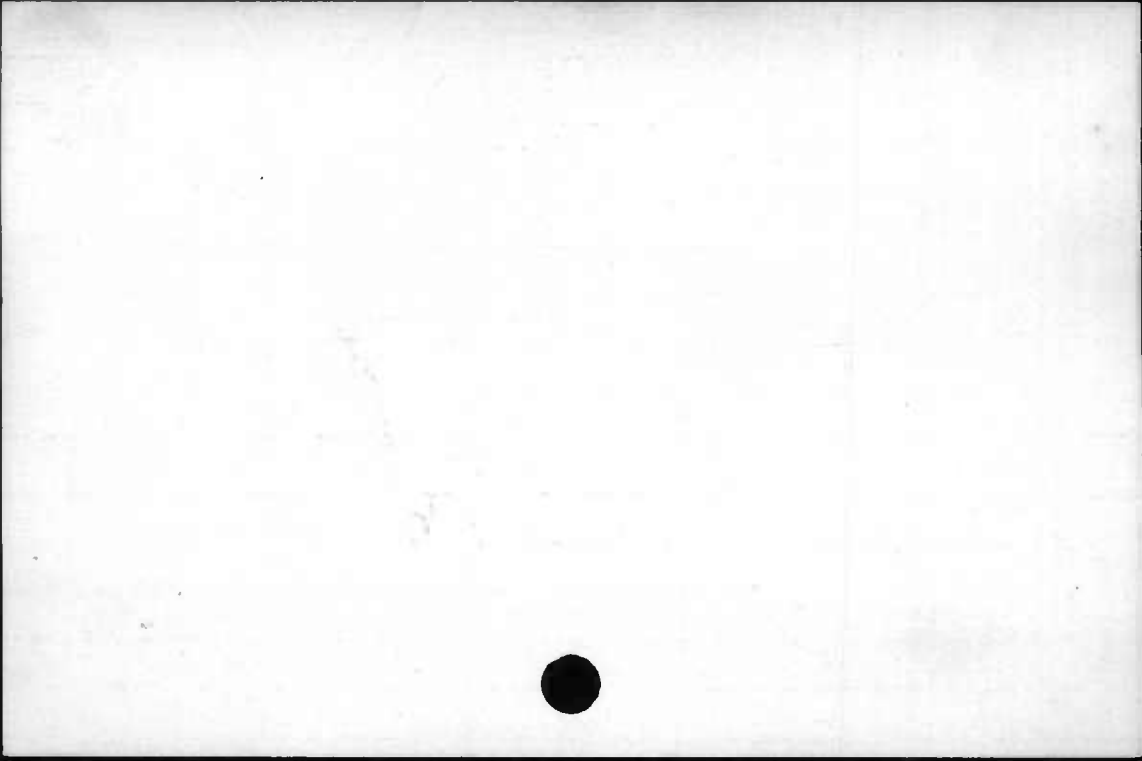
Died at <i>Chambers</i> ^{Town}		<i>Somerset</i> ^{County}		MARYLAND	
Date of death <i>1901</i>	<i>Jan</i> ^{Month}	<i>17</i> ^{Day}	Age <i>Years</i>	<i>Months</i>	<i>6</i>
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Geo McDaniel</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Alice Parks</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Prof Lloyd</i>			How related to deceased <i>none</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Loss of blood</i>	How long <i>17/6</i>
Immediate <i>" "</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Prof Lloyd</i>
	Address <i>Oristo Ind.</i>
<i>Died as result of</i> <i>Alacuta Brevia</i>	

Accident or Suicide?



Name In Full

Certificate of Death

Lea Miles

Town

County

MARYLAND

Died at

Cusfield

Somerset

Date 1908

Month

Day

Y.

M.

D.

Native of

Occupation

1 19

Age

75 --

Md

None

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living 5

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

La. Grippe

How long sick

2 weeks

Death

Immediate

Acute Rheumatism

~~Accident, Suicide, Homicide~~

Reported by

G. T. Simmons

Address

Cusfield

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Lorne Prettyman Phobes

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

1 21

Age 62 1 12

MD

Farming

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

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Name
in
Full

Frank C Quinn

CERTIFICATE OF DEATH

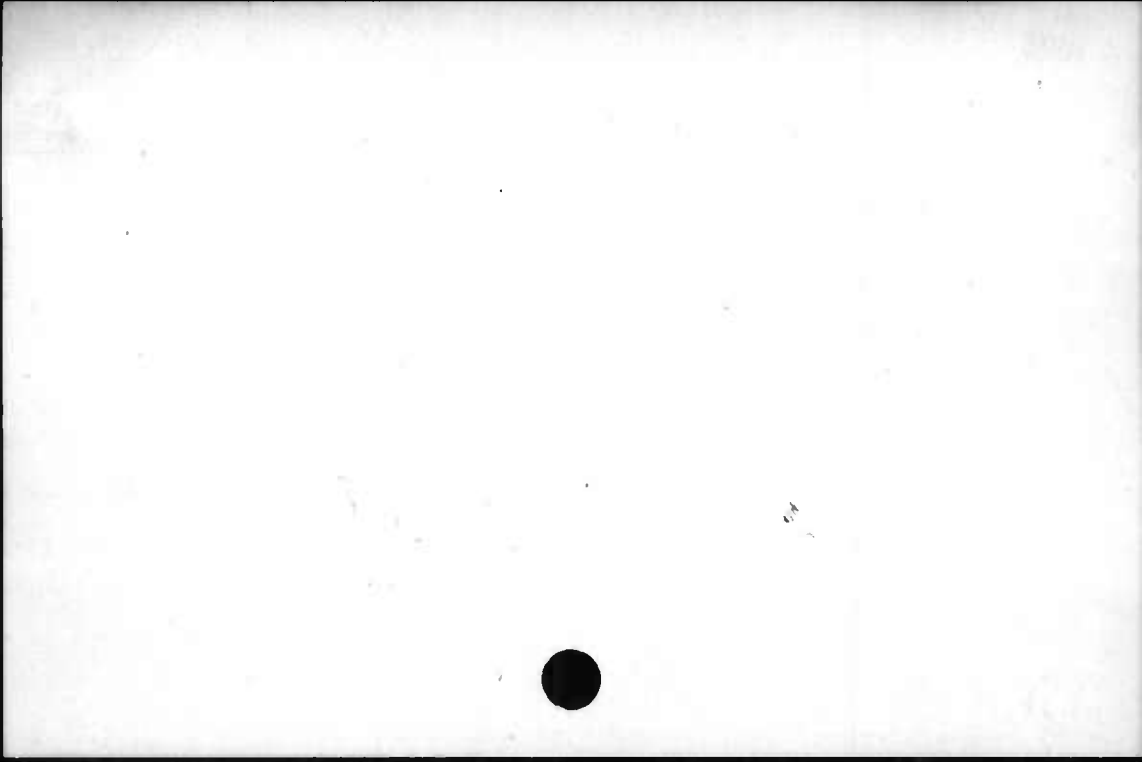
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Crisfield</i> ^{Town}		County <i>Somerset</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Jan</i>	Day <i>13</i>	Years <i>22</i>	Months <i>8</i>	Days <i>20</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Pocomoke City</i>		
Occupation <i>Editor</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Marion Quinn</i>				
Father's Name <i>Lora C Quinn</i>	Father's Birthplace <i>Pocomoke City</i>				
Mother's Maiden Name <i>Rebecca Stubbins</i>	Mother's Birthplace <i>Pocomoke City</i>				
Name of person giving information <i>L. C. Quinn</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>14 months</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>H F Stall</i>
		Address	<i>Crisfield Md</i>
Accident or Suicide? <i>no</i>			



Name
in
Full

Ephram Taylor

CERTIFICATE OF DEATH

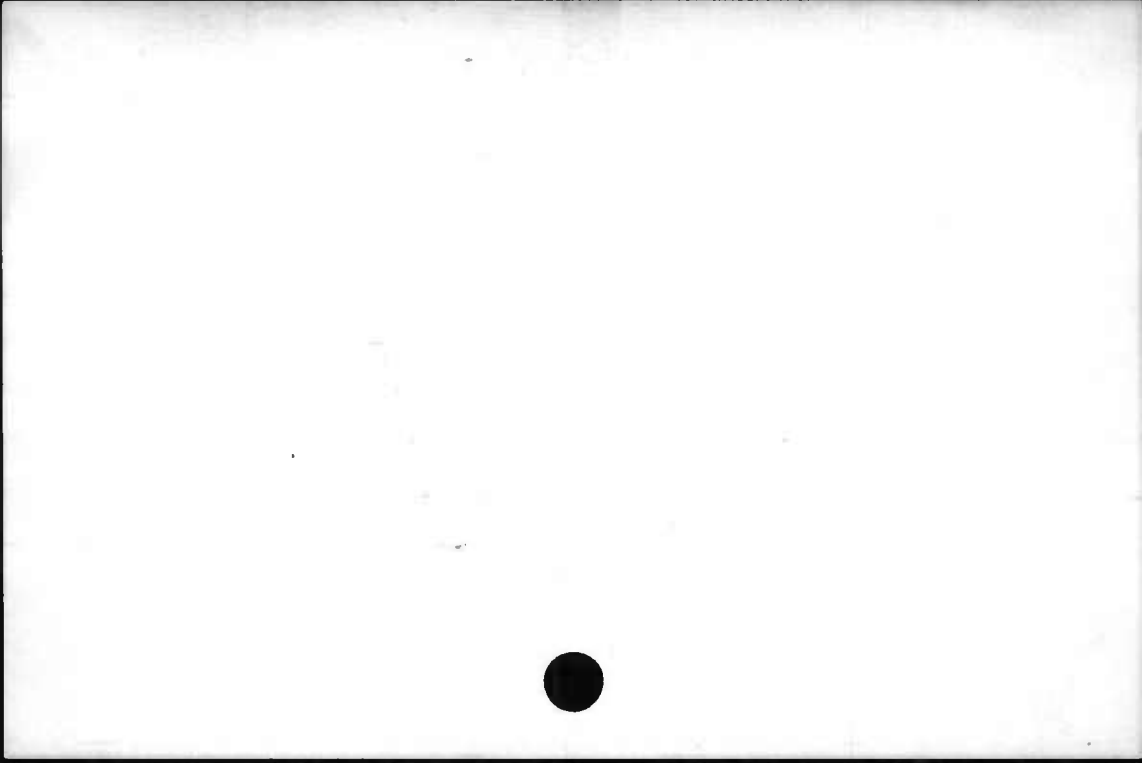
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Kingston</i> ^{•Town}			County <i>Somerset</i>		MARYLAND	
Date of death 190 <i>5</i>		Month <i>1</i>	Day <i>9</i>	Age <i>84</i>	Years <i>84</i>	Months <i>—</i>
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Sandyville Va</i>		
Married, Single or Widowed <i>Widower</i>			Occupation <i>Farmer</i>			
Name of Wife or Husband <i>Prissie Armwood</i>						
Father's Name <i>Ned Taylor</i>			Father's Birthplace <i>Sandyville Va</i>			
Mother's Maiden Name <i>Dont Know</i>			Mother's Birthplace			
Name of person giving information <i>James Taylor</i>			How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General debility -</i>	How long <i>2 months</i>
Immediate <i>Exhaustion</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James Taylor (his son)</i>
	Address <i>Rockmore City</i>
Accident or Suicide? <i>(No physician in attendance)</i>	



Name
In
Full

Eliza Waller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town Stabat County Somerset MARYLAND

Date of death 190 5 Jan 4 Age 7 1/2 Months Days

Sex Female Color or Race Black Birth-place md

Occupation Housework Where Residing if not at place of death md

Married, Single or Widowed Widowed Name of Wife or Husband Wm Waller

Father's Name ✓ Father's Birthplace ✓

Mother's Maiden Name ✓ Mother's Birthplace ✓

Name of person giving information Dr Hays How related to deceased None

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Aproplexy at How long Instantly

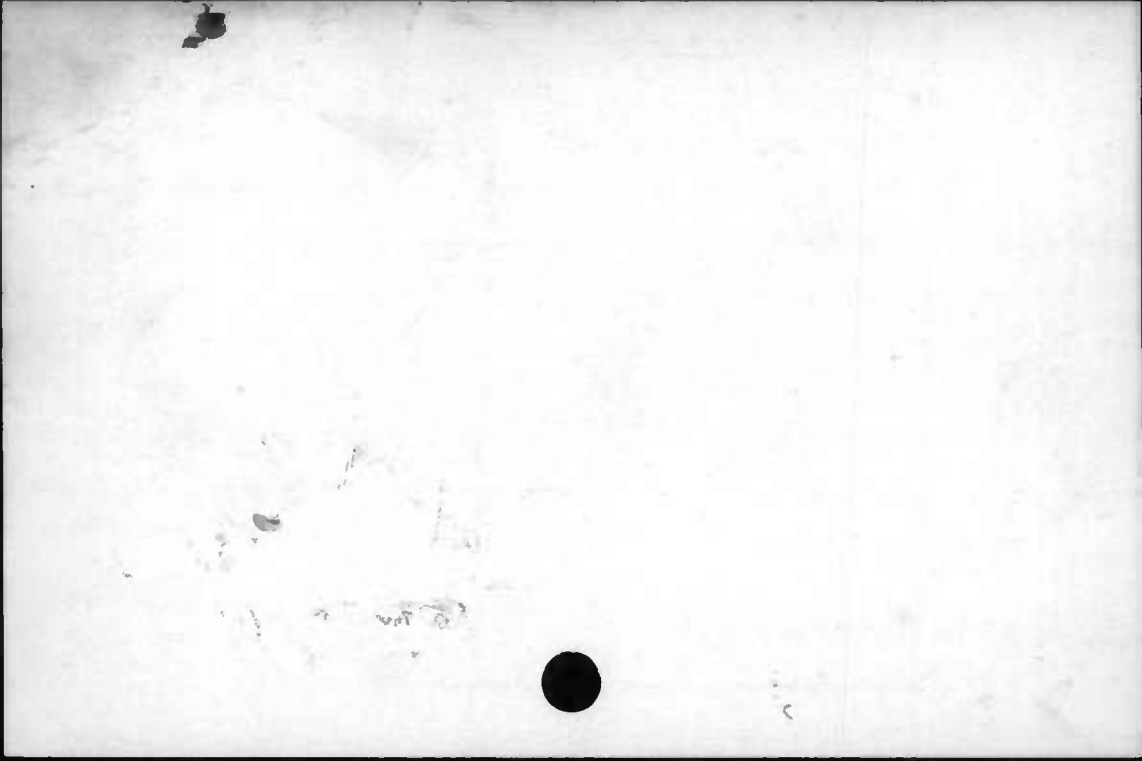
Immediate " How long "

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Dr Hays

Address Chile md

Accident or Suicide? ✓



Laura J. Waters

Town

County

Died at

Dumfries

Somerset

MARYLAND

Date 1905

Month

Day

Y.

M.

D.

Native of

Occupation

1

26

Age

69

Dumfries

~~Male~~

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Wm E. Waters

Father's

Mother's

Name

Nathaniel Boggs

Maiden Name

Maria Waters

Cause of

Primary

Death

Immediate

How long sick

8 mo

Accident, Suicide, Homicide

Reported by

Geo W. Hall

Address

Manoxin P.O.

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

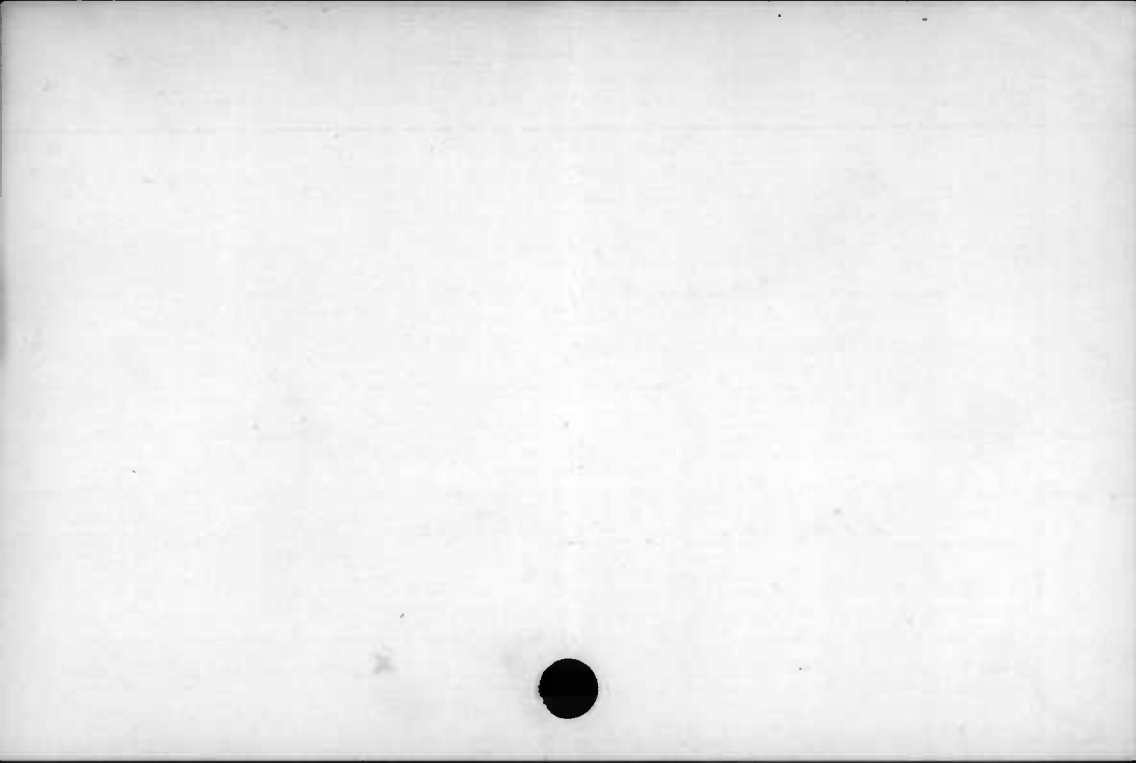
MARYLAND

Died at <i>W. H. Island</i>		Town <i>W. H. Island</i>		County	
Date of death <i>1905</i>		Month <i>Jan</i>	Day <i>30</i>	Age <i>30</i>	Years
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Ind</i>		Months	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Chas White</i>			
Father's Name <i>Geo Barkley</i>		Father's Birthplace <i>Ind</i>		Days	
Mother's Maiden Name <i>Lizzie Peterson</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Geo Barkley</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Phthisis Pulmon.</i>	How long	<i>2 yrs.</i>
Immediate	<i>Pethanin</i>	How long	<i>3 weeks.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. Alexander</i>	
<i>Yes</i>		Address <i>W. H. Island</i>	
		<i>Conner Co.</i>	
<i>Accident or Suicide?</i>			



Name
in
Full

Fin Wilkins

CERTIFICATE OF DEATH

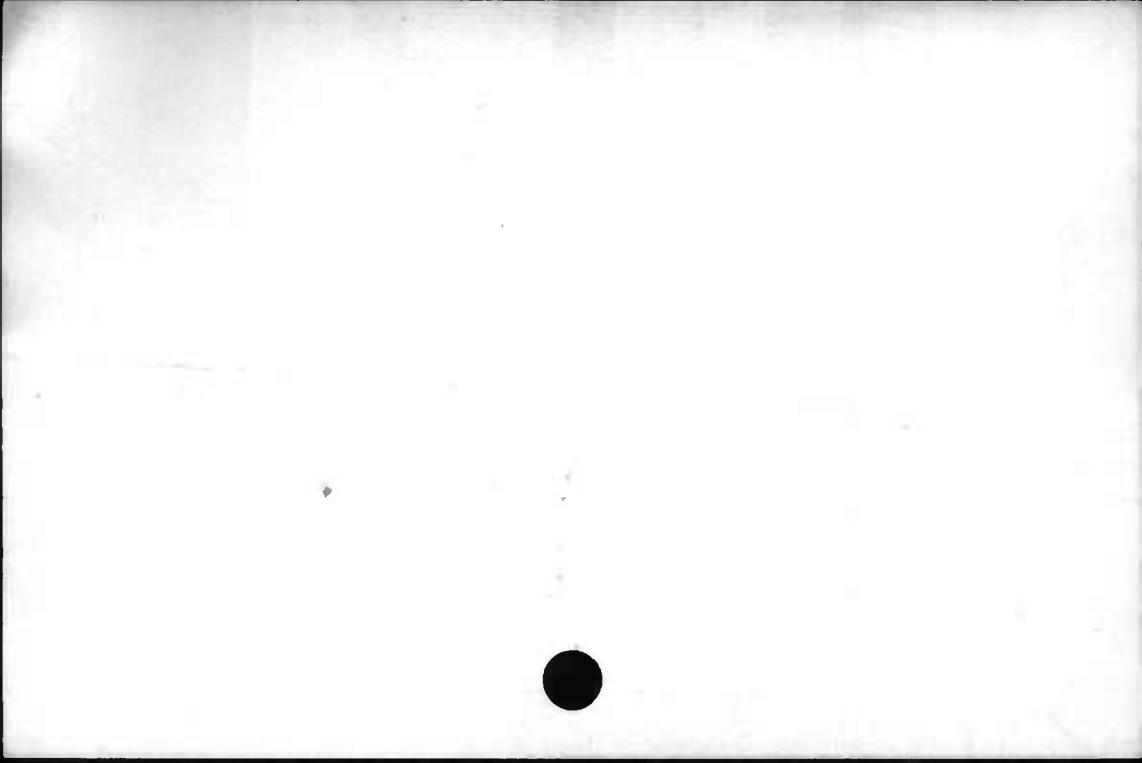
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Kingston		County Somerset		MARYLAND	
Date of death 1905	Month Jan	Day 14	Age 40	Years		Months	Days
Sex Male	Color or Race Caucasian		Birth- place Marumscow,				
Married, Single or Widowed		Married		Occupation Farming			
Name of Wife or Husband		Elizer					
Father's Name		Jae Wilkins				Father's Birthplace Somerset Co	
Mother's Maiden Name		Rose Collins				Mother's Birthplace " "	
Name of person giving in formation		L E Bowland				How related to deceased None	

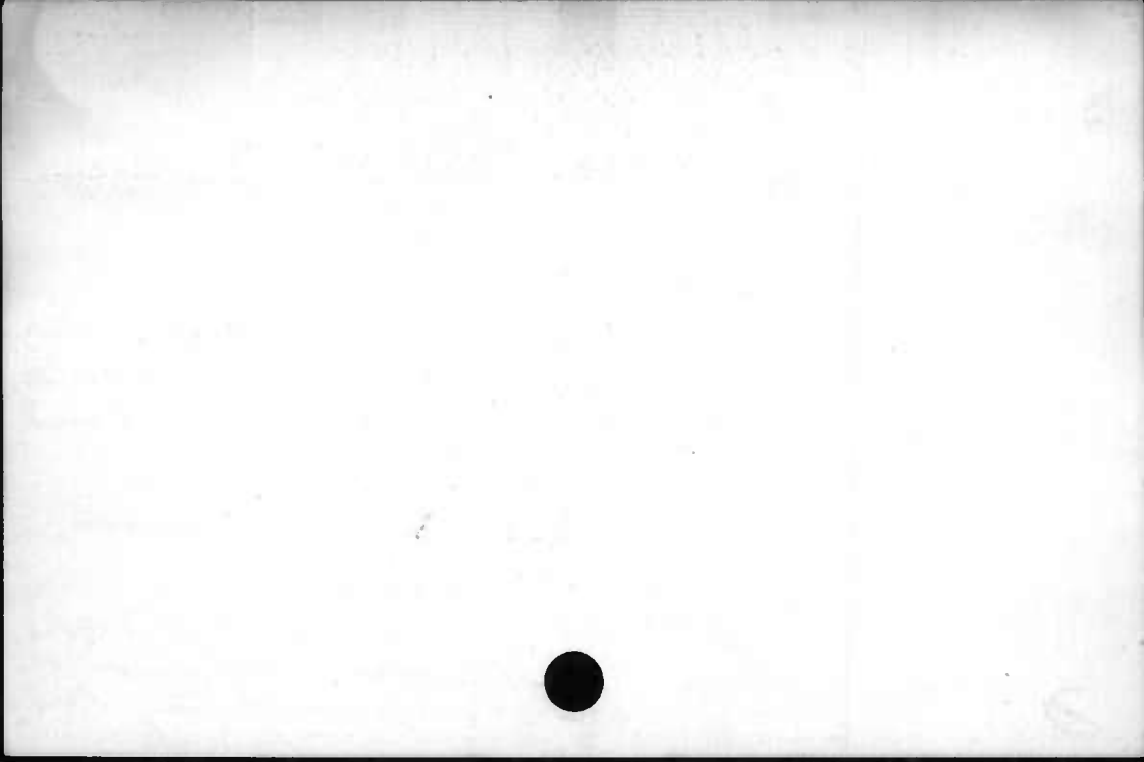
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gravel	How long	3 Months
Immediate	Could not move urinate	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		L E Bowland	
Address		Kingston Md	
Accident or Suicide?		No physician in attendance	



Name In Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Rock Creek</i>		Town <i>Somerset Co</i>		MARYLAND
	Date of death <i>1905</i>	Month <i>1</i>	Day <i>26</i>	Age <i>6</i>	Years <i>27</i>
	Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Ind</i>	
	Occupation			Where Residing if not at place of death	
	Married, Single or Widowed		Name of Wife or Husband		
	Father's Name <i>Geo. Henry Williams</i>			Father's Birthplace <i>Ind</i>	
PHYSICIAN OR CORONER	Mother's Maiden Name <i>Bathena Teard</i>			Mother's Birthplace <i>Ind</i>	
	Name of person giving information <i>Geo. H. Williams</i>			How related to deceased <i>Father</i>	
	CAUSES OF DEATH <i>Mid wife Harry Cooper</i>				
	Primary			How long	
Immediate			How long		
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>			Signature of Physician <i>Mid wife. Harriett Ann Waters</i>		
			Address <i>Chance Ind.</i>		
Accident or Suicide? <i>No</i>					



Name
in
Full

Laura E. Wise

CERTIFICATE OF DEATH

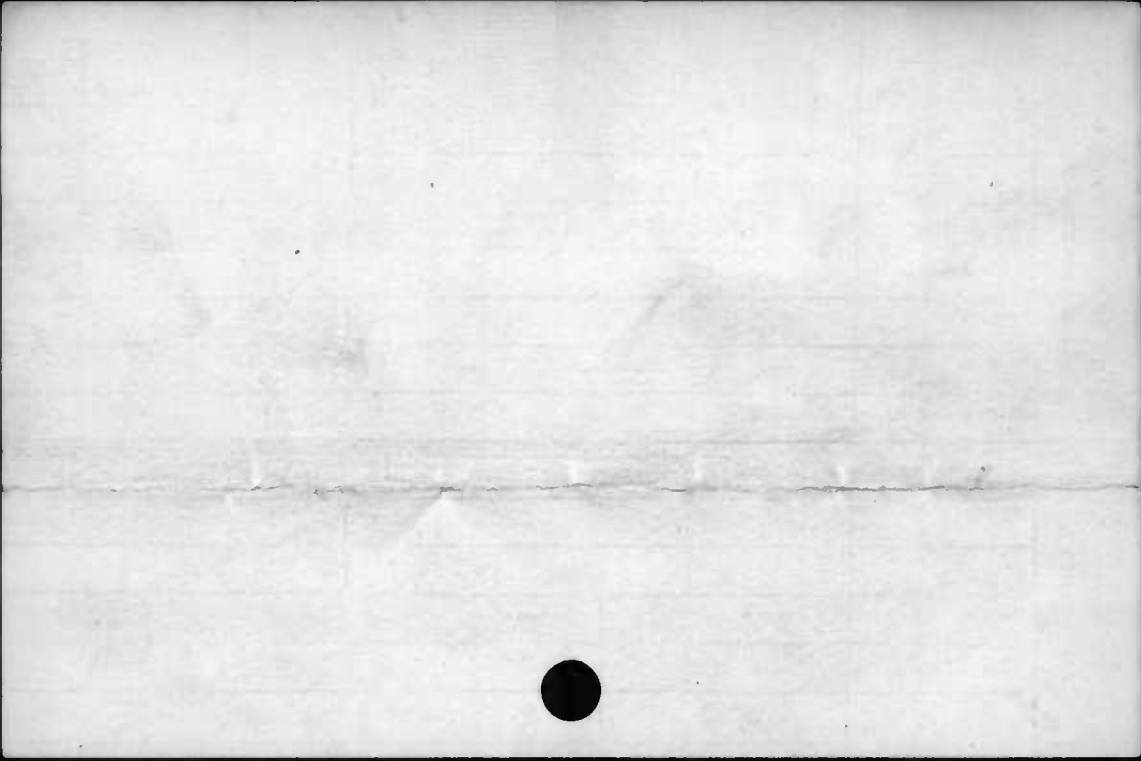
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Orville		County Somerset		MARYLAND	
Date of death 1905-		Month Jan.	Day 8th	Age	Years 33	Months -	Days -
Sex	Female		Color or Race	Cocorad		Birth- place	Som. Co.
Married, Single or Widowed	married			Occupation	Housewife		
Name of Wife or Husband		Thomas J. Wise					
Father's Name		Isaac Walker				Father's Birthplace	Som. Co.
Mother's Maiden Name		Sarah Bell				Mother's Birthplace	Som. Co.
Name of person giving in formation		Thomas J. Wise				How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis		How long	6 mos.
Immediate	Asthma		How long	-
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	A. J. Windsor
			Address	Danvers, Va. Somerset Co., Md.
Accident or Suicide?		-		



Name
in
Full

Laura J Wine

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Arvate* ^{County} *Somerset*

Date of death *1901* ^{Month} *Jan* ^{Day} *8* ^{Years} *33* ^{Months} *-* ^{Days} *-*

Sex *Female* Color or Race *Black* Birth-place *Ind*

Occupation *-* Where Residing if not at place of death *-*

Married, Single or Widowed *Married* Name of Wife or Husband *Thos Wine*

Father's Name *Isaac Waters* Father's Birthplace *Ind*

Mother's Maiden Name *Sarah Bell* Mother's Birthplace *Ind*

Name of person giving information *J. T. Parks* How related to deceased *none*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

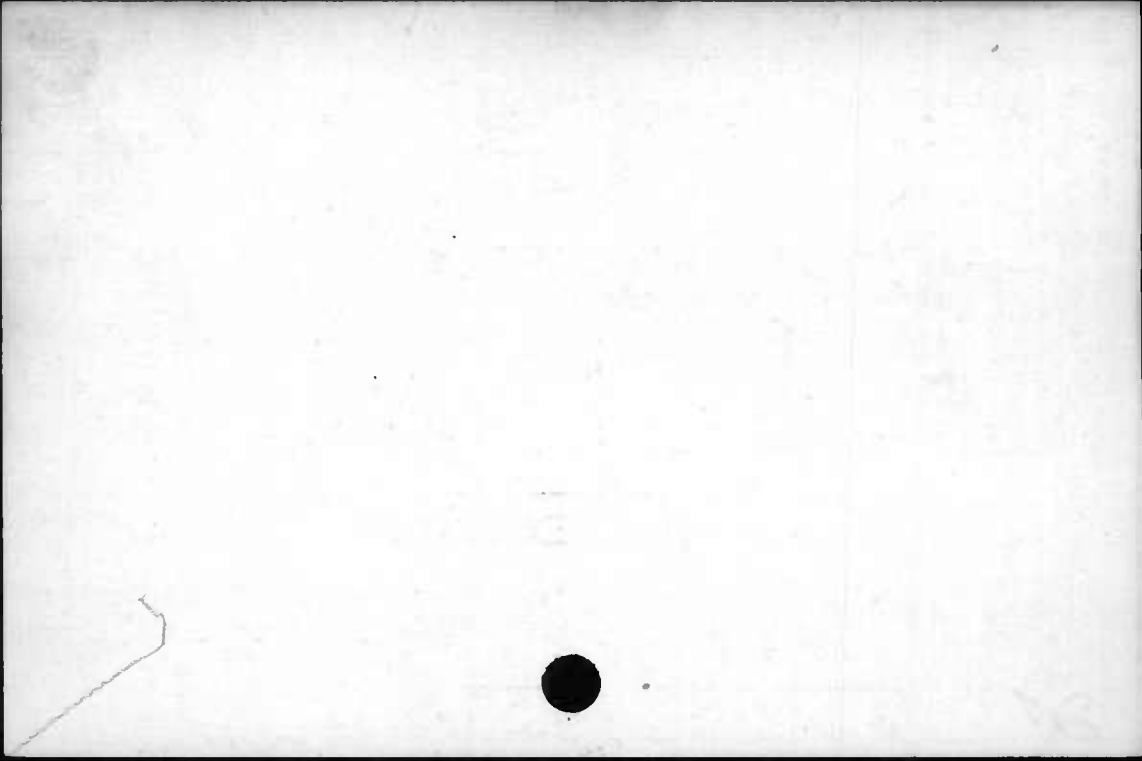
Primary *Pulmonary Tuberculosis* How long *6 weeks*

Immediate *Exhaustion* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Robt Shoup*

Address *Arvate*

Accident or Suicide? *No*



Name
in
Full

Marcellus Wright

CERTIFICATE OF DEATH

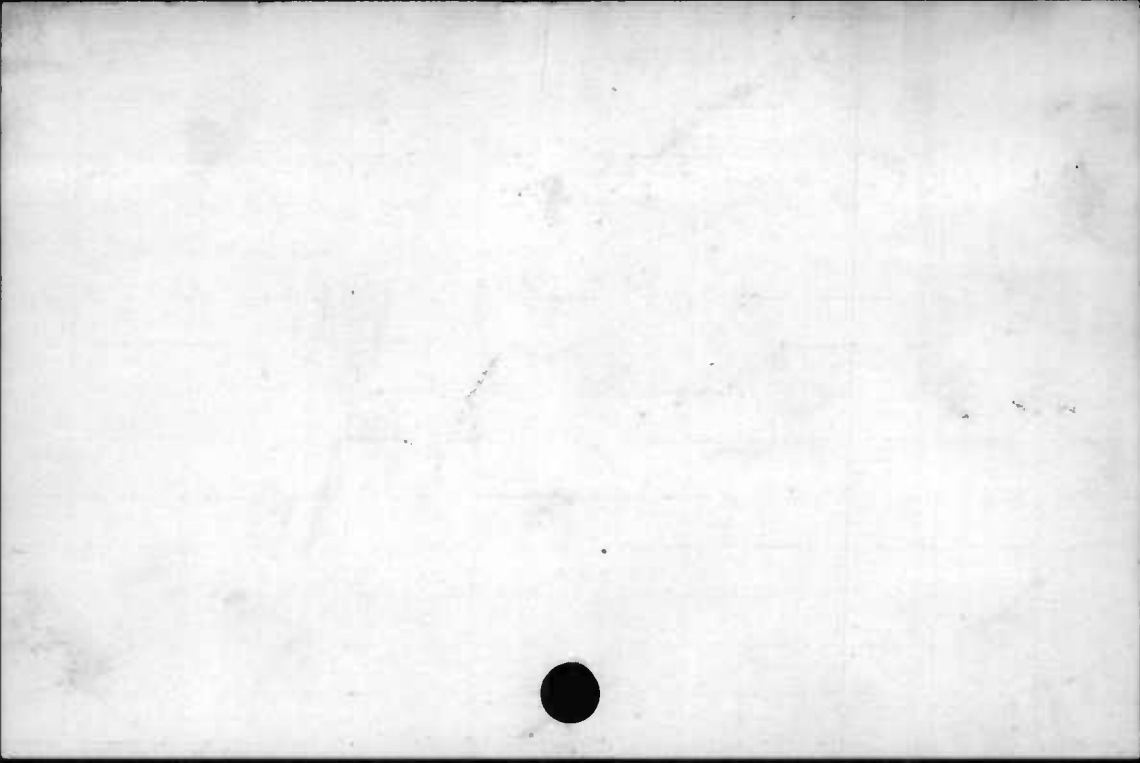
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Chances</i>		County <i>Somerset</i>		MARYLAND	
Date of death 190	<i>6</i>	Month <i>Jan</i>	Day <i>3rd</i>	Age <i>-</i>	Years <i>-</i>	Months <i>4</i>	Days <i>23</i>
Sex <i>male</i>	Color or Race <i>colored</i>		Birth- place <i>Som. Co.</i>				
Married, Single or Widowed <i>-</i>				Occupation <i>-</i>			
Name of Wife or Husband <i>-</i>							
Father's Name <i>Augustus Wright</i>				Father's Birthplace <i>Som. Co.</i>			
Mother's Maiden Name <i>Jane Jones</i>				Mother's Birthplace <i>Som. Co.</i>			
Name of person giving information <i>Jane Wright</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>6 weeks</i>
Immediate <i>Asthma</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D. J. Windsor, M.D.</i>
	Address <i>Somerset Co. Md.</i>
Accident or Suicide? <i>-</i>	



Name
in
Full

William Wyatt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		Jan	10	70			
Sex	male	Color or Race	white		Birth-place	Md	
Occupation	Carpenter			Where Residing If not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband				
				Mary Wyatt			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information	R. H. N.			170		How related to deceased	
						None	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Nephritis		How long	18 mrs
Immediate	Exhaustion		How long	4 days
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			R. H. Noyt	
			Address	
			Orville	
			Md	
Accident or Suicide?		no		

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